

Outpatient BEF

<u>Element</u>	<u>Encryption Method</u>
NCH Near-Line Record Version Code	
NCH Near-Line Record Identification Code	
Beneficiary Claim Account Number	Encrypted
NCH Category Equatable BIC	
BIC	
Beneficiary Residence SSA Standard State Code	
Claim Through Date	Year/Quarter
Claim Query Code	
Provider Number	
NCH Payment and Edit Record	
Identification Code	
Claim Transaction Code	
Claim Facility Type Code	
Claim Service Classification Type Code	
Claim Frequency Code	
Beneficiary Residence SSA Standard County Code	
FI Number	
Beneficiary Sex Identification Code	
Beneficiary Race Code	
Beneficiary Birth Date	Ranged
CWF Beneficiary Medicare Status Code	
Claim Principal Diagnosis Code	
Claim Medicare Non-Payment Reason Code	
Claim Excepted/Non-Excepted Medical Treatment Code	
Claim Payment Amount	
NCH Primary Payer Claim Paid Amount	
NCH Primary Payer Code	
FI Requested Claim Cancel Reason Code	
FI Claim Action Code	
NCH Provider State Code	
Claim Attending Physician UPIN Number	Encrypted
Claim Operating Physician UPIN Number	Encrypted
Claim Other Physician UPIN Number	Encrypted
Claim MCO Paid Switch	
Patient Discharge Status Code	
Claim Diagnosis E Code	
Claim PPS Indicator Code	
Claim Total Charge Amount	
Outpatient Claim Diagnosis Code Count	
Outpatient Claim Procedure Code Count	
Outpatient Claim Related Condition Code Count	
Outpatient Claim Related Occurance Code Count	
Outpatient Claim Value Code Count	
Outpatient Revenue Center Code Count	
Claim Outpatient Service Type Code	
Claim Outpatient Referral Code	
NCH Beneficiary Blood Deductible Liability Amount	
NCH Beneficiary Part B Deductible Amount	
NCH Beneficiary Part B Coinsurance Amount	
NCH Professional Component Charge Amount	
Claim Outpatient Beneficiary Interim	
Deductible Amount	
Claim Outpatient Provider Payment Amount	

Outpatient BEF

<u>Element</u>	<u>Encryption Method</u>
Claim Outpatient Beneficiary Payment Amount	
NCH Blood Pints Furnished Quantity	
NCH Blood Pints Replaced Quantity	
NCH Blood Pints Not Replaced Quantity	
NCH Blood Deductible Pints Quantity	
Claim Outpatient Transaction Type Code	
Claim Outpatient ESRD Method of Reimbursement Code	
Claim Diagnosis Code	
Claim Procedure Code	
Claim Procedure Performed Date	Year/Qtr. .
Claim Related Condition Code	
Claim Related Occurrence Code	
Claim Related Occurrence Date	Year/Quarter
Claim Value Code	
Claim Value Amount	
Revenue Center Code	
Revenue Center Date	Year/Qtr. .
Revenue Center APC/HIPPS Code	
Revenue Center HCFA Common Procedure Coding System Code	
Revenue Center HCPCS Initial Modifier Code	
Revenue Center HCPCS Second Modifier Code	
Revenue Center HCPCS Third Code	
Revenue Center HCPCS Fourth Modifier Code	
Revenue Center HCPCS Fifth Modifier Code	
Revenue Center Payment Method Indicator Code	
Revenue Center Discount Indicator Code	
Revenue Center Packaging Indicator Code	
Revenue Center Pricing Indicator Code	
Revenue Center Obligation to Accept as Full (OTAF) Payment Code	
Revenue Center IDE, NDC, UPC Number	
Revenue Center Unit Count	
Revenue Center Rate Amount	
Revenue Center Blood Deductible Amount	
Revenue Center Cash Deductible Amount	
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount	
Revenue Center Reduced Coinsurance Amount	
Revenue Center 1 st Medicare Secondary Payer Paid Amount	
Revenue Center 2nd Medicare Secondary Payer Paid Amount	
Revenue Center Provider Payment Amount	
Revenue Center Beneficiary Payment Amount	
Revenue Center Patient Responsibility Payment Amount	
Revenue Center Payment Amount	
Revenue Center Total Charge Amount	

Outpatient BEF

<u>Element</u>	<u>Encryption Method</u>
Revenue Center Non-Covered Charge Amount	
Revenue Center Deductible Coinsurance Code	